



The Only Solution Delivering Improved Health For People Supported—Along With Elevated Choice, Reduced Costs, and Operational Upsides

WHAT

Mainstay's innovative My25 programs elevate consumer choice and reverse costly, escalating obesity and diabetes for people with IDD, TBI, SPMI and behavioral challenges in waiver, ICF, independent living, and family care settings while substantially reducing expenses associated with:

food labor acute care medication

In addition to consumers and their families, numerous stakeholders—including providers, MCOs, and state disabilities services—benefit when people supported, unlike the status quo, eat the right foods in the right amounts to achieve sustainable, healthy outcomes.

HOW

My25 makes this possible on a daily basis as a result of streamlined menu planning, grocery shopping, and recipe prep resources that are customized to suit the routines of each individual setting—including strict budget and ease-of-preparation needs—and each individual's food likes/dislikes/dietary requirements, no matter how varied or complicated. Information is presented in a highly user-friendly format, that is also beneficial for oversight purposes by managers, surveyors and accreditation bodies. Consistency and accountability become the new mealtime norm. "Foolproof."

My25 bolsters buy-in and habit change through: continually refreshed, choice-based menu plans; robust education/training; supports regarding enjoyment of life and community participation that can be maximized as health improves; and our ongoing engagement and outreach to staff, families and people supported.

WHO

Our subscriber base includes state disabilities services and the nation's most respected providers in over half of the states in the U.S.—all of which got underway by first piloting My25 and then expanding as substantial health and cost-reduction impact registered.

Extraordinary health, quality and financial outcomes—all while elevating choice.

My25's team is comprised of human services industry, preventive health, nutrition, culinary, and technology professionals.





Propelling My25 Forward: Longstanding, Costly Support Gaps & Irrefutable Facts



Funders are aggressively driving preventive-health change as a result of: It's a costly, slippery slope to continue bankrolling non-nutritious foods and resulting illness for people supported.

- While making some earnest, outputs-oriented attempts throughout the years, and despite the fact that food is the key driver behind preventive health for most anyone, the industry still cannot ensure ongoing, choice-based nutrition—with demonstrated health outcomes—for a majority of people supported.
- There is a perpetual void regarding staff experience, training, consistency and accountability as far as mealtime and nutrition-related responsibilities—with subpar health outcomes to show for it. The erroneous excuse often offered up is, "It's the consumers' choice; our hands are tied."
- People with disabilities unnecessarily experience 2 to 3 times the mainstream rates of diabetes and obesity. Pre-My25, 70% of people supported are moving away from a healthy BMI. For a majority of these individuals, the root cause is simply related to eating the wrong foods in the wrong amounts. Post-My25—18 months in, 70% of people supported are at or moving toward a normal BMI.
- 80% of the most expensive chronic diseases (such as diabetes) are preventable, largely as a result of healthy weight status.
- Medical expenditures for people with diabetes are approximately 2.3 times higher than for those without diabetes. The risk of developing comorbid disease—such as diabetes, cardiovascular conditions, osteoarthritis, cancer, gastrointestinal complications, and depression—is often as much as 12 times greater for an overweight person.
- Healthy, nutritious food doesn't have to cost more. Food expense is often 10 to 20% elevated in LTSS and home-based settings due to poor menu planning; staff inexperience and turnover; the use of old, recycled menus; catered meal delivery services; habitual processed-food purchases; waste; and/or backdoor shrinkage.
- Moving the preventive health needle in a meaningful way is unlikely to be accomplished via physical activity alone; eating the right foods in the right amounts is job one. Routine physical activity is more likely to be pursued when an individual is at or moving toward a healthy weight status.

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